|   |  |   |              |                                      |              |                  |       | j                  | Application or Docket Number |          |                     |                        |
|---|--|---|--------------|--------------------------------------|--------------|------------------|-------|--------------------|------------------------------|----------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  |  |   |              |                                      |              |                  |       |                    |                              |          | 644                 | 35                     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                                      |              |                  |       | SMALL<br>TYPE      | ENTITY                       | OR       |                     | R THAN<br>ENTITY       |
| TOTAL CLAIMS  |  |   | 24           |                                      | Lp .         |                  | ٠     | RATE               | FEE                          | 7        | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED |                                      | NUMBER EXTRA |                  |       | BASIC F            | EE 385.00                    | OR       | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 24 minus 20= |                                      | * 4          |                  |       | X\$ 9=             |                              | OR       | X\$18=              | 72                     |
| INDEPENDENT CLAIMS  |  |   | 2 m          | inus 3 =                             | * '          |                  |       | X43=               |                              | OR       | X86=                |                        |
| М   | ULTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT       |                                      |              |                  |       | +145=              |                              | OR       | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                                      |              | ı                | TOTAL | <u> </u>           | OR                           | <u> </u> | 842                 |                        |
| CLAIMS AS AMENDED - PART II   |  |   |              |                                      |              |                  |       |                    | <del>L</del>                 |          | OTHER               |                        |
| _   |  | (Column 1)                                |              |                                      |              | (Column 3)       |       | SMALL              | ENTITY                       | OR       | SMALL               |                        |
| ENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F    | BER<br>USLY  | PRESENT<br>EXTRA | ·     | RATE               | ADDI-<br>TIONAL<br>FEE       | :        | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT A</b>  | Total  | *   | Minus        | **                                   |              | =                | ı     | X\$ 9=             |                              | OR       | X\$18=              |                        |
|   | Independent                                    | *   | Minus        | ***                                  |              | -                |       | X43=               |                              | OR       | X86=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                      |              |                  |       | +145=              |                              | OR       | +290=               |                        |
|   |  |   |              |                                      |              |                  |       | TOTAL              |                              | OR       | TOTAL<br>ADDIT. FEE |                        |
|   |  | ADDIT. F.EE                               |              |                                      |              |                  |       |                    |                              |          |                     |                        |
| NOMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIOL<br>PAID F   | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                   |              | =                |       | X\$ 9=             |                              | OR       | X\$18=              |                        |
| AMEND   | Independent                                    | *   | Minus        | ***                                  |              | =                |       | X43=               |                              | OR       | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                                      |              |                  |       | +145=              |                              | OR       | +290=               |                        |
|   |  |   |              |                                      |              |                  |       | TOTAL<br>DDIT. FEE |                              | OR       | TOTAL<br>ADDIT. FEE |                        |
|   | •  | (Column 1)                                | •            |                                      |              |                  |       |                    | ,                            |          |                     |                        |
| MENDMENI C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                   |              | =                |       | X\$ 9=             |                              | OR       | X\$18=              |                        |
| 7 H   | Independent                                    |   | Minus        | ***                                  |              | =                |       | X43=               | ·                            | OR       | X86≃                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                      |              |                  |       | +145=              | ·                            | OR       | +290=               | ·                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                                      |              |                  |       |                    |                              |          | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                      |              |                  |       |                    |                              |          |                     |                        |